

# **BUSINESS DECLARATION**

1 Name of Firm: \_\_\_\_\_ Tax Identification No.: \_\_\_\_\_

2 Address of Firm: \_\_\_\_\_

3 a. Telephone Number of Firm: \_\_\_\_\_ b. Fax Number of Firm: \_\_\_\_\_

4 a. Name of Person Making Declaration \_\_\_\_\_

b. Telephone Number of Person Making Declaration \_\_\_\_\_

c. Position Held in the Company \_\_\_\_\_

5 Controlling Interest in Company ("X" all appropriate boxes)

☐ a. Black American ☐ b. Hispanic American ☐ c. Native American ☐ d. Asian American

☐ e. Other Minority (Specify) \_\_\_\_\_ ☐ f. Other (Specify) \_\_\_\_\_

☐ g. Female ☐ h. Male ☐ i. 8(a) Certified (Certification letter attached) ☐ j. Service Disabled Veteran Small Business

6 Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?

☐ a. Yes ☐ b. No (If "NO," provide the name and telephone number of the person who has this authority.) \_\_\_\_\_

7 Nature of Business (Specify all services/products (NAIC)) \_\_\_\_\_

8 (a) Years the firm has been in business \_\_\_\_\_ (b) No. of Employees \_\_\_\_\_

9 Type of Ownership: ☐ a. Sole Ownership ☐ b. Partnership

☐ c. Other (Explain) \_\_\_\_\_

10 Gross receipts of the firm for the last three years:

a.1. Year Ending: _____	b.1. Gross Receipts _____
a.2. Year Ending: _____	b.2. Gross Receipts _____
a.3. Year Ending: _____	b.3. Gross Receipts _____

11 Is the firm a small business? ☐ a. Yes ☐ b. No

12 Is the firm a service disabled veteran owned small business? ☐ a. Yes ☐ b. No

13 Is the firm a socially and economically disadvantaged small business? ☐ a. Yes ☐ b. No

**I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING \_\_\_\_\_ ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I AM AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS OF 18 USCS 1001.**

14. a. Signature \_\_\_\_\_ b. Date: \_\_\_\_\_

c. Typed Name \_\_\_\_\_ d. Title: \_\_\_\_\_